

**MEDICAL RELEASE FORM** 



As the parent/legal guardian of	stry or other such licensed technicians or nurses, to perform any and x-ray treatment of the above minor. I have not been given a	
Date of Players Birth / / Month Day Year	Date of last Tetanus Booster / / Month Day Year	
Known allergies of this player, including any allergies to medicine		
Any other medical problems which should be noted		
Family Physician	Phone	
Name of Parent/Guardian		
Address		
City/State/Zip		
Phone (Home) (Work)	(FAX)	
Person responsible for charges (if different from above)		
Address		
City/State/Zip		
Phone (Home) (Work)	(FAX)	
Person to notify if parent/guardian is unavailable		
Phone (Home)(Work)	(FAX)	
Insurance Carrier	Policy Number	
I, the parent/guardian of the registrant, a minor, agree that I and the regist sponsors. Recognizing the possibility of physical injury associated with so soccer programs and activities (the "Programs")' I hereby release, discharg sponsors, their employees and associated personnel, including the owners of on behalf of the registrant as a result of the registrant's participation which transportation I hereby authorize.	rant will abide by the rules of the USYSA, its affiliated organizations and ccer and in consideration for the USYSA accepting the registrant for its e and/or otherwise indemnify the USYSA, its affiliated organizations and of the fields and facilities utilized for the Programs, against any claim by or	

Signature of Parent/Guardian			Date	
STATE OF	NOTARY PUBLIC			
COUNTY OF				
Sworn to and subscribed before me on the	day of	, 20		
Notary Public in and for the State of				
Commission expires				